## DEPARTMENT OF HEALTH SERVICES COUNTY OF LOS ANGELES

## SUBJECT: LIMITED DATA SET INFORMATION

REFERENCE NO. 622.2

Data Request Tracking Number: (To be completed by the EMS Agency)	
Data Recipient (name):	
1.	Indicate the data source(s) for the Limited Data Set:
	a.   EMS Provider Data (hyperlink Data Dictionary)
	b. Paramedic Base Hospital (hyperlink Data Dictionary)
	c. Trauma Registry (hyperlink Data Dictionary)
	d. STEMI Registry (hyperlink Data Dictionary)
	e. Stroke Data (hyperlink Data Dictionary)
	f. 9-1-1 Receiving Hospital Data (hyperlink Data Dictionary)
	g. Other (specify):
2.	Specify the date range:
3.	List the data elements to be abstracted:
	a.